



Workplace Violence in the Healthcare Environment

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FHA Florida Hospital Association

Objectives






- Recognize the steps hospitals are taking to reduce violent events and their effects in and around the hospital campus.
- Discuss how different areas are involved with workplace prevention, response and recovery.

Objectives

- Understand the threat of violence in the workplace.
- Understand the various types of workplace violence and how they can impact employee performance.
- Review The Joint Commission's Sentinel Event Alert #45 - Preventing Violence in the Health Care Setting.

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Workplace Violence:
A Prevalent Problem

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The Worst Case

- **Shands Jacksonville -** November 20, 2006: Pharmacist Dies After Hospital Shooting.
- **Parrish Medical Center -** June 8, 2009: Mother Of Four Shot To Death, Husband Arrested.
- **Johns Hopkins -** September 17, 2010: Man upset over mother's care shoots doctor, kills her, himself.

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The Worst Case

- **Florida Hospital Orlando -** May 26, 2011: Surgeon killed in murder-suicide in parking garage.
- **Citrus Memorial Hospital -** June 14, 2011: Patient pulls gun on hospital staff.
- **Physicians Regional Medical Center -** July 6, 2011: 1 killed, 1 injured in Naples hospital shooting.

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Potential Among Staff Members

- Stressful environment.
- Disciplinary action or termination.
- Understanding how to recognize and respond to warning signs such as:
  - Behavior changes;
  - Mental health issues;
  - Personal crises; and,
  - Drug or alcohol use.

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High Risk Environment

- Patient/family factors:
  - Increased prevalence of –
    - Mental illness;
    - Addiction and substance abuse;
    - Hospital utilization by criminal justice system; and,
    - Violence in society
  - Easy access to handguns and other weapons.
  - Stress and strong emotions associated with hospitalization.

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High Risk Environment

- Institutional factors:
  - Open to the public 24/7;
  - Staff shortages;
  - Isolated work with patients;
  - Lack of staff training in recognition / management of violent behavior; and,
  - Overcrowded EDs with long waits for care.

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Violence in Hospitals

- 50% of non-fatal injuries to workers from assaults and violent acts occur in health care or social service settings. Bureau Labor Statistics, 2001

- Healthcare workers are more likely to be attacked at work than police officers or prison guards. NIOSH

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Violence in Hospitals

- Today, more than 5 million U.S. hospital workers from many occupations are exposed to many safety and health hazards, including violence.

- Healthcare workers have a much higher average annual rate for non-fatal violent crime than other occupations. Bureau Labor Statistics, 2001

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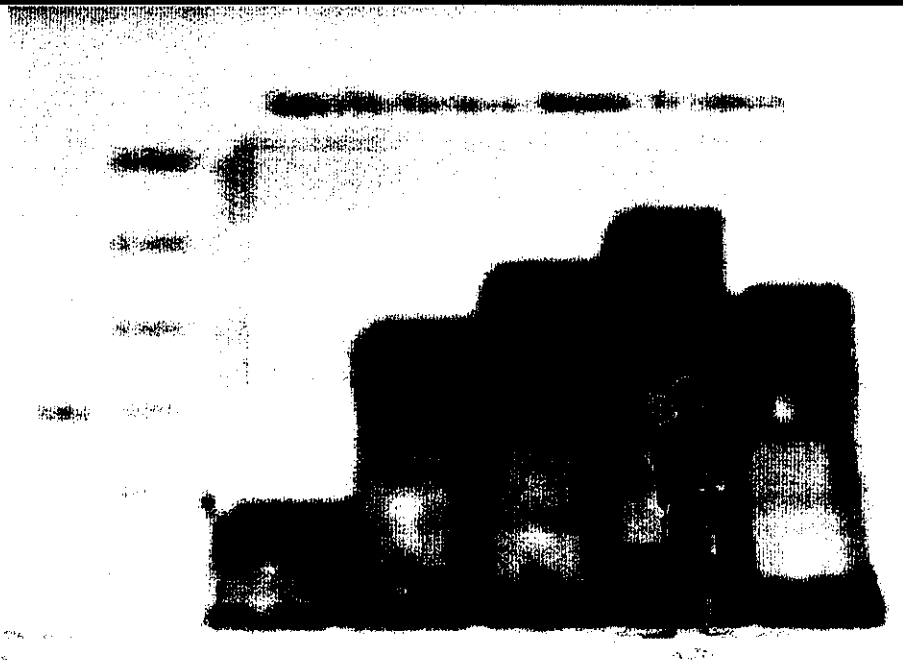

Workplace Violence:

The Facts

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Effects of Workplace Violence

- Physical injury and stress responses.
- Loss of self-esteem/confidence.
- Shock, disbelief, powerlessness, fear, anger.
- Avoidance behavior (absenteeism).
- Negative effect on interpersonal relationships.
- Low job satisfaction and morale.
- Increased staff turnover.

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Increasing Rates of Violence

- Assault
- Rape
- Homicide

Perpetrators

- Staff
- Visitors
- Other patients
- Intruders

Joint Commission Statistics

- 256 Reports since 1995.
  - 36 in 2007.
  - 41 in 2008.
  - 33 in 2009.
- Unknown how many incidents go unreported.

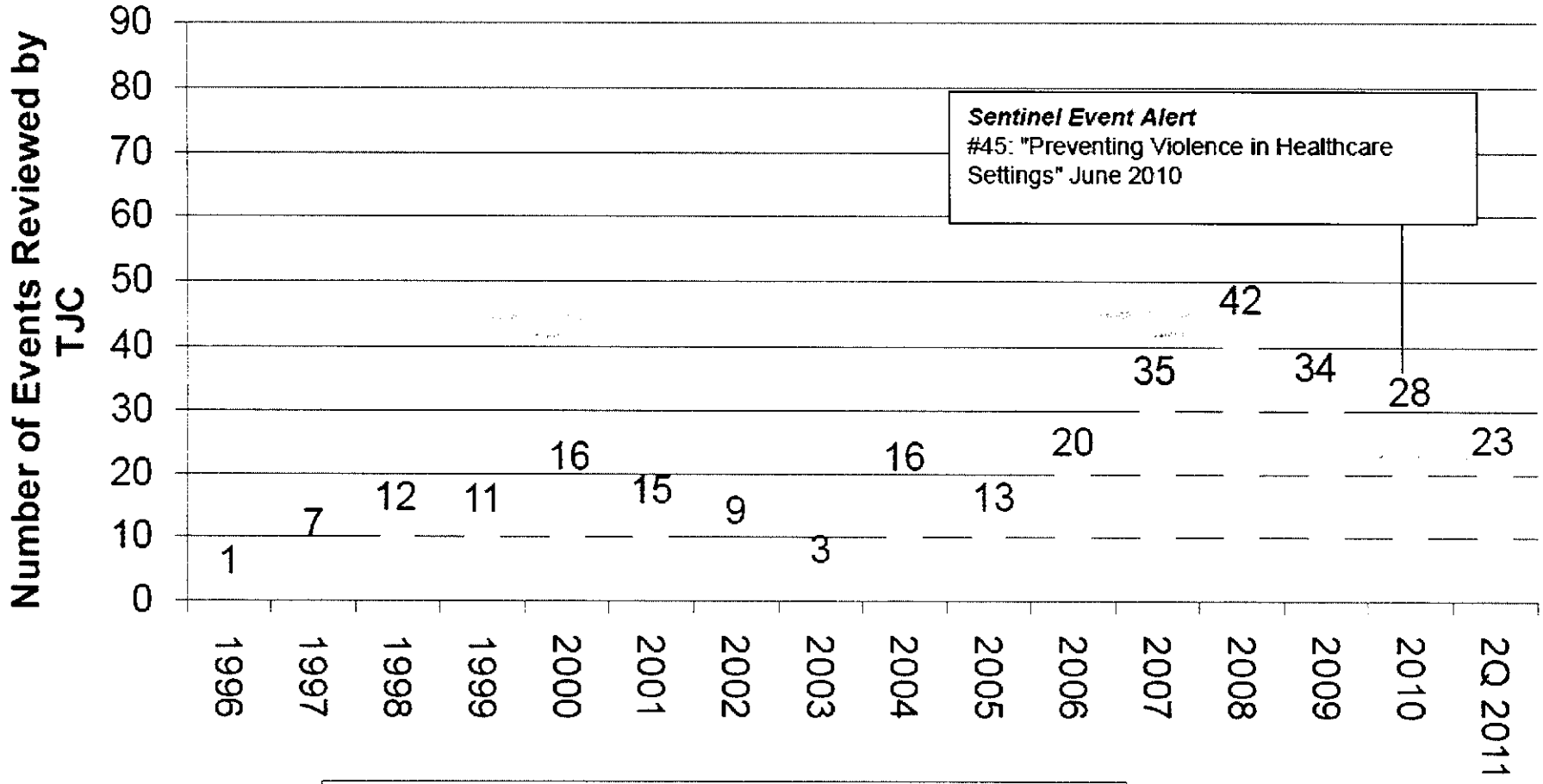
Most Frequently Reviewed Sentinel Event Categories by Year

2009	2010	January 1, 2011 thru Second Quarter 2011
Wrong-patient, wrong-site, wrong-procedure	Unintended retention of a Foreign Body	Unintended Retention of a Foreign Body
Delay in Treatment	Delay In Treatment	Op/Post-op Complication
Unintended Retention of a Foreign Body	Wrong –patient, wrong-site, wrong-procedure	Wrong-patient, wrong-site, wrong-procedure
Op/Post-Op Complication	Op/Post-op Complication	Delay In Treatment
Suicide	Suicide	Suicide
Fall	Fall	Fall
Other Unanticipated Event	Medication Error	Other Unanticipated Event
Medication Error	Other Unanticipated Event	Criminal Event
Criminal Event	Perinatal Death/Injury	Medication Error
Perinatal Death/Injury	Criminal Event	Perinatal Death/Injury

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Criminal Events -- Assault/Rape/Homicide Reviewed by The Joint Commission

(Rape defined as un-consented sexual contact. One or more of the following must be present to determine reviewability: Any staff witnessed sexual contact; or sufficient clinical evidence or admission by the perpetrator)



The Joint Commission

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Contributing Factors

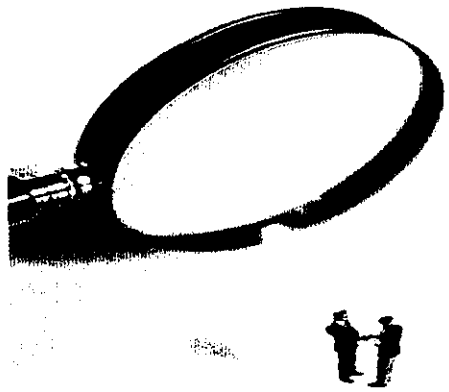
- 62% lack of policy and procedure development.
- 60% lack of staff education and competence.
- 58% flawed patient observation protocols, inadequate assessment tools, and lack of psychiatric assessment.

Contributing Factors

- 53% communication failures-both among staff and with patients and families.
- 36% deficiencies in general safety of the environment, and security procedures and practices.
- Problems in care planning, information management, and patient education were other causal factors identified less frequently.

TJC Recommendations

- Written plan describing how an institution provides for the security of patients, staff and visitors.
- Zero tolerance policy for violence.
- Policies mandating the reporting of real or perceived threats.
- Investigation of all incidents (root cause analysis).



Workplace Violence:
A Focused Approach

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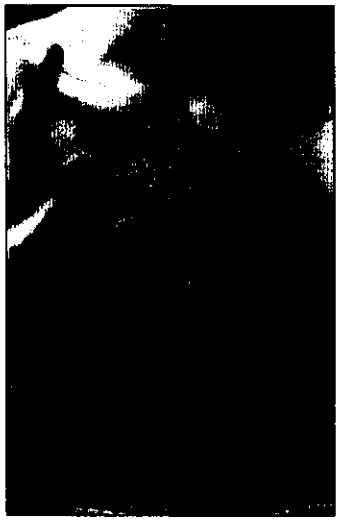
Focus Areas

- Active Shooter

- Forensic Patients

Focus Areas

- Gang Violence



- Domestic Abuse
  and Violence

Focus Areas

- Sexual Assault

- Patient / Visitor Incidents

Global Problem

- Workplace violence in healthcare has been reported in studies around the world but is frequently underreported at the institutional and criminal justice levels.

Perception of Barriers to Reporting

- Lack of support from hospital administration and ED management.
- Being considered weak or incompetent.
- Fear of:
  - Retaliation;
  - Not being believed; and/or,
  - Impacting customer service scores.

Occupational Health & Safety Administration

- Hospitals have a responsibility to provide their employees with a workplace free from hazards which are likely to cause death or serious physical harm.
- *Guidelines* for violence prevention programs:
  - Voluntary
  - 5 key components

OSHA Guidelines

1. Management commitment and employee involvement.
2. Worksite analysis.
3. Hazard prevention and control.
4. Safety and health training.
5. Recordkeeping and program evaluation.

Workplace Violence:
Taking Action

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Environmental Control

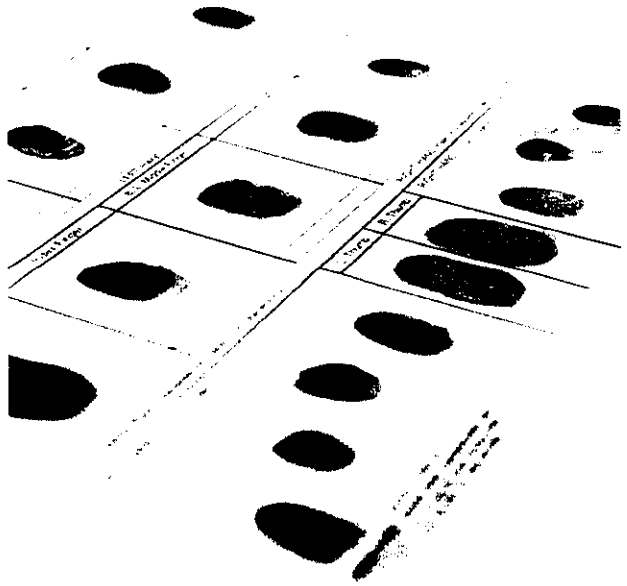
- "A key to providing protection to patients is controlling access" Russell L. Colling, MS, CHPA - founding president of the International Association for Healthcare Security and Safety.
- "Facilities must institute layered levels of control… securing the perimeter of the property through lighting, barriers, fencing… and positioning nurses stations."

Environmental Control

- Different layers include:
  - Photo Identification (staff and visitors);
  - Locked doors;
  - Metal detectors in EDs;
  - Increased visibility of staff (e.g., central reporting station, sub-stations and patient 'kiosks';
  - Well marked parking and gated parking for staff;
  - Security / law enforcement presence.

Human Resource Practices

- Criminal Background Checks
- All environments conduct them; healthcare is slow to 'get on board.'
- Minimum:
  - Emergency Department;
  - Obstetrics;
  - Pediatrics and nursery;
  - Home Care; and,
  - Senior Care Settings.



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Staff Involvement

- "The most important factor in protecting patients from harm is the caregiver – security is a people action and requires staff taking responsibility, asking questions and reporting any and all threats or suspicious events." – R. Colling.
- Recognition and reporting.
- Question the presence of all visitors.

Joint Commission Requirements

- Patient Rights
  - RI.01.06.03
  - The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

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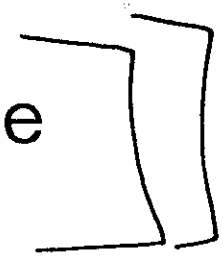
TJC Recommendations

1. Work with the security department to audit your facility's risk of violence.
2. Identify strengths and weaknesses and make improvements to the facility's violence-prevention program.
3. Take extra security precautions in the Emergency Department.
4. Work with the HR department to make sure it thoroughly screens job applicants and staff.



TJC Recommendations

5. Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction.
6. Require appropriate staff members to undergo training in responding to patients' family members who are agitated and potentially violent.
7. Educate staff on procedures for responding to incidents of workplace violence (e.g., notification, activating codes).

TJC Recommendations

8. Encourage employees to report incidents of violent activity and any perceived threats of violence.
9. Educate staff that all reports of suspicious behavior or threats must be treated seriously and thoroughly investigated and to recognize behaviors related to domestic violence.
10. Ensure that counseling programs for employees who become victims of workplace crime or violence are in place.

Workplace Violence:

Leadership = Solutions

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Implementation

- Review information.
- Determine organizational readiness.
- Gain appropriate approvals.
- Team approach.
- Draft goals, objectives, timelines, implementation / communication plans.
- Implement.
- Evaluate.
- Celebrate.

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Implementation

- Team Members:
  - Administration;
  - Safety and Security;
  - Internal / Clinical Stakeholders:
    - Clinical leadership;
    - Ancillary leadership;
    - Emergency Dept leadership;
  - HR and Learning / Organization Development;
  - Risk Management and Legal;
  - Medical Staff; and
  - Volunteer Services.

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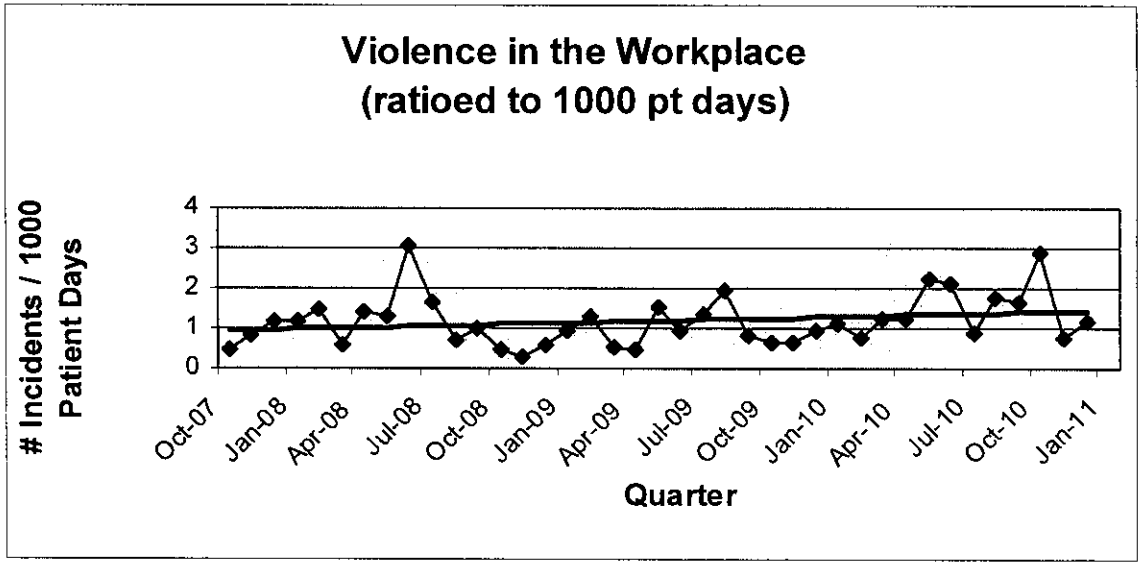
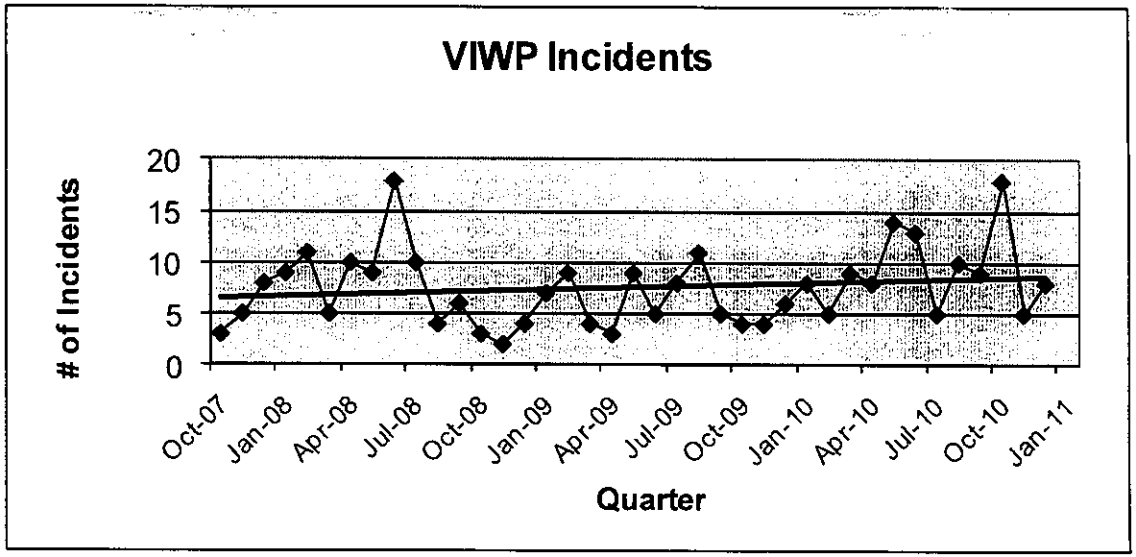
Metrics





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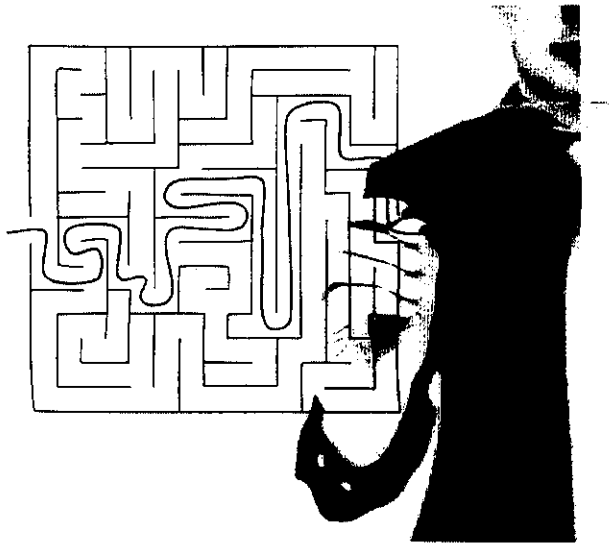
Situation Drives Future Strategy

- Identify goals:
  - Prevent, Respond, Recover.
- Prioritize (from gap analysis).
- Develop Tactics:
  - Policy and Procedure;
  - Education and Training;
  - Leadership.
- Implement Tactics.
- Evaluate (via metrics).



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Workplace Violence:

FHA Task Force

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FHA Task Force

- Florida Hospital Association
  - Florida Society for Healthcare Security, Safety and Emergency Management Professionals
  - Florida Society for Healthcare Risk Management and Patient Safety
  - Florida Society for Healthcare Public Relations and Marketing
  - Florida Academy for Healthcare Attorneys

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FHA Task Force

- Florida Hospital Association
  - Florida Society for Healthcare Human Resources Administration
- Florida College of Emergency Physicians
- Florida Emergency Nurses Association

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FHA Task Force

- Florida Department of Health
  - Bureau of Emergency Medical Services
- International Association for Healthcare Security and Safety
- Hospital Representation
- Other Associations, Organizations and Groups

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WPVTF Purpose

- To make Florida's hospitals and health system safer for the community and employees by reducing the incidence of workplace violence.
- Through:
  - Defining workplace violence;
  - Advocating for controls to help reduce violent behavior;

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WPVTF Purpose

- Through:
  - Providing education about workplace violence recognition, prevention and response; and,
  - Encouraging the reporting of violent behavior.
- Goal Oriented!
- Deliverables in early 2012.

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WPVTF Goals

1. Build a level of awareness about workplace violence in the healthcare environment supported by information and understanding of the extent of the problem.
   - Defining WPV;
   - Measuring the incidence and impact on the facility and personnel.

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WPVTF Goals

2. Maintain a 'global' perspective related to healthcare providers and workplace violence prevention, response and recovery measures and activity.
   - Outreach campaign;
   - Information and solution sharing.

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WPVTF Goals

3. Identify resource information related to workplace violence recognition, prevention, response and recovery.
   - Examples of information, improvement solutions and education tools;
   - Administrative and operational resources;
   - Response measures;
   - Measuring existing gaps.

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WPVTF Goals

4. Provide examples of education resources addressing the recognition, prevention, response and recovery from workplace violence strengthening the protection and safety of the workplace and workforce of a healthcare provider and/or system.
   - Other educational resources.

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WPVTF Goals

5. Provide recommendations for improvement and model resources based on the information obtained in the workplace violence assessment.
   - Functional recommendations;
   - Model resources;
   - Focus on improving workplace safety and patient/employee satisfaction.

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Q & A?

Thank you!

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